CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

REGISTRY OF ELECTION FINANCE 404 JAMES ROBERTSON PARKWAY, SUITE 1614 NASHVILLE, TN 37243-1360 (ALS) 741-7259

(615) 741-7959			
1. DATE OF REPORT	2.A NAME OF CANDI	IDATE OR COMMITTEE	1.2.51
6-16-77	Committe	EE to E/ECT	GWEN /IJWell
2.B. IF COMMITTEE, NAME OF CANDI	4 4		3. ELECTION DATE
BWEN TIDW	E11		A19.4
4.A. CAMPAIGN ADDRESS Street or Rural Route	a Offv	State	Zip Code Phone
PO BOX 1603	7 MAA	HANDOGA /N 3	7416 7/2421
4.B. CANDIDATE'S HOME ADDRESS (i	if different than 4.A.)	111	00 -40
Street og Rural Route	1 19/	State T	Zip Code Phone
12 BAKK 1/1	160 (2/01)	TANOOGA /N.	17415- 267-421
5. OFFICE SOUGHT (include district no	., if applicable)	6. NAME OF POLITICAL TRE	
CKIMINAL COUR	+ CIERK	CAROLUN	DERWOOD
7. CATEGORY OF REPORT	. /		
PRE-PRIMARY POST-PRIMAR			SUPPLEMENTAL AMENDED
8.A. BEGINNING DATE OF REPORTING	G PERIOD	8.B. ENDING DATE OF REPO	RTING PERIOD
7-87-74		6-13	- 74
9. (Check one)			
			uding in-kind) received total \$1,000 or
		or this reporting period. (Complet	te items 12d., 12e., and 12f.) outions (including in-kind) received total
		more than \$1,000 for this reporting	
		•	
10. I/we do solemnly swear or affirm that			losure report is true and that this report ed by political candidates/campaign by
			contributions have been expended for
			d by the federal internal revenue code.
N. J.D. M	2 -14	21/18, 141	1 . 1 / 1/2
Swen 7 awexx	618-	94 Aral/MI	Nerwood 6-16-79
signature of candidate	date	signature of political	treasurer date
11. SWORN TO AND/SUBSCRIBED B	SEORE ME IN THE	SWORN TO AND SHE	BSCRIBED BEFORE ME IN THE
TI. SWORN TO AND SOUGHINGED S.	-		O
COUNTY OF TIMELETS		_ COUNTY OF SALE	niellon
AND THE STATE OF THEM	essee	AND THE STATE OF	Munorsee
AND THE STATE OF	- 01	11.10	C11
THIS 6 DAY OF	ne 19 7	THIS LOT DAY OF	pine 19 Zy
dupan Keit	-h)	duos.	& Holth
notary public		n	otary public
My Commission Expires Ju		My Commiss	sion Expires July 26, 1994
date commission expires 31			ommission expires
			minioden oxpress
Motors Soul			
Notary Seal		1	Notary Seal
12. SUMMARY		,	1-1-1
a. BALANCE ON HAND LAST REPORT	т	\$ 4	124,96
b. TOTAL RECEIPTS THIS PERIOD		s 7,	175,00
c. TOTAL DISBURSEMENTS THIS PE		4)	604.25
		- 17	362531
d. BALANCE ON HAND (12a. plus 12b	. minus 12c.)		\$ & P 0 0 1 0 1
e. TOTAL LOANS OUTSTANDING			-0-
8. TOTAL LOANS OUTSTANDING			
4 TOTAL OPLICATIONS OUTSTAND			986.40
f. TOTAL OBLIGATIONS OUTSTAND	ING		\$ /@Co/U



SUMMARY PAGE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) COMMITTEE to Elect	14. REPORT COVERING THE PERIOD
GWEN TIDWELL	FROM: 4-24-94 TO: 6-13-94
RECEIPTS	, ,
CONTRIBUTIONS (other than loans and interest) a. Unitemized Contributions (\$100 or less from each source this period)	\$ 1575,00
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15a. and 15b.)	1/1/1/09
16. LOANS RECEIVED THIS REPORTING PERIOD	s0-
17. INTEREST RECEIVED THIS REPORTING PERIOD	nu-
18. TOTAL RECEIPTS (add 15c., 16., and 17.) (must be shown in item 12b.)	\$7/75,00
19. EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee this period)(must be listed by category - e.g. particles of the second	printing, postage, gasoline)
Total of Expenditures (\$100 or less each payee)	111/11/20
b. Itemized Campaign Expenditures (Over \$100 each payee this period)	\$ 1700.33
c. Itemized Other Expenditures (Over \$100 each payee this period)	\$
d. TOTAL EXPENDITURES (other than loan repayments)(add 19a., 19b., and 19c.)	s 4674.65
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19d.and 20.) (must be shown in item 12c.)	\$7674.65
22. IN-KIND CONTRIBUTIONS a. Unitemized in-kind contributions (\$100 or less from each source this period)	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22a. and 22b.)	s
23. LOANS LOANS OUTSTANDING (must be shown in item 12e.)	\$ -0 -
24. OBLIGATIONS a. Uniternized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	s 986.40
c. TOTAL OBLIGATIONS OUTSTANDING (add 24a. and 24b.) (must be shown in item 1	2f.) \$ 986,40

SS-1133 RDA 1159 Page 2 of 10



ITEMIZED STATEMENT OF CONTRIBUTIONS—CANDIDATE

1/NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD
Committee to E/Ect GWEN TiDWELL	FROM: 4-24-94 TO: 6-73-94
	Amount —
TOTAL ITEMIZED CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized p COMPLETE THE FOLLOWING FOR EACH ITEMIZED CONTRIBUTION	age)
Full Name, Address, City, State and Zip Code of Payee	Amount
JACK RANdles	
313 MASTERS Rdw	3 0000
ChAHANOOSA, TN 37343	2,000.00
Full Name, Address, City, State and Zip Code of Payee	Amount
Douglas Bassett, IR	
1818 ROCK Bluff Rd	20000
ChA+HANOOSA, TN 37343 Full Name, Address, City, State and Zip Code of Payee	
	Amount
BOB WATSON ,1	100
3031 Cummings Hwy	200.00
ChA++ANOOSA, TN 37419 Full Name, Address, City, State and Zip Code of Payee	
Full Name, Address, City, State and Zip Code of Payee	Amount
Mitchell ByRd	
651 8. 41654	200,00
ChAHANOGA, TN 31403 Full Name, Address, City, State and Zip Code of Payee	2 3,38
Full Name, Address, City, State and Zip Code of Payee	Amount
JENN'E R. BAKER	10.
3105 EASTON AVE	100000
ChAHANOOSA, TN 31415	1000
Full Name, Address, City, State and Zip Code of Payee	Amount
JACKie R. Couillard	
9413 Woody Hollow DRIVE	1- 00
1713 Woody Hollow Dille	1000 =
ChAHANOOGA, TN. 37421	
Full Name, Address, City, State and Zip Code of Payee	Amount
Full Name, Address, City, State and Zip Code of Payee	Amount
Full Name, Address, City, State and Zip Code of Payee	Amount
5. TOTAL ITEMIZED CONTRIBUTIONS (Total of items 3. and 4.)	
(Carry forward to item 3. of next page if additional pages of this form are used. If thi	s is the last page 5/00
of in-kind contributions, this amount must be shown in item 15b. of summary page.)	2600.00
SS-1131 (Rev.1/94)	s is the last page 5600.00
RDA 1159	



ITEMIZED STATEMENT OF CONTRIBUTIONS—CANDIDATE

1. MAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD		
COMMITTEE TO E/ECT GWEN TIDWE!	FROM: 4-24-94 TO		
3. TOTAL ITEMIZED CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized p		5600 g	9
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CONTRIBUTION			
Full Name, Address, City, State and Zip Code of Payee	Ar	mount	
Full Name, Address, City, State and Zip Code of Payee	Ar	mount	_
Pull Name, Address, Only, State and Zip Gode of Payer			
Full Name, Address, City, State and Zip Code of Payee	Ar	mount	
Full Name, Address, City, State and Zip Code of Payee	Ar	mount	
Full Name Address City State and Tip Code of Payer			
Full Name, Address, City, State and Zip Code of Payee	Ar	mount	
Full Name, Address, City, State and Zip Code of Payee	An	mount	
Full Name, Address, City, State and Zip Code of Payee	An	nount	
Full Name, Address, City, State and Zip Code of Payee	An	nount	
Full Name, Address, City, State and Zip Code of Payee	An	nount	
TOTAL ITEMIZED CONTRIBUTIONS (Total of items 3. and 4.)(Carry forward to item 3. of next page if additional pages of this form are used. If thi	s is the last near	200 00000	
of in-kind contributions, this amount must be shown in item 15b. of summary page.)	s is the last page	5600,00	
CC 1401 (Pay 104)	11	1	_

SS-1131 (Rev.1/94) RDA 1159 Page of 10

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS-CANDIDATE

A. NAME OF CANDIDATE OR COMMITTEE	_	2. REPORT CO	VERING THE PERIOD
EMMITTEE TO ELECT GUENT	Lue//	FROM: 4-24-94	TO: 6-13-84
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount 0	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED IN-KINI		P-8-7	Carpo D
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contr	ribution	Amount
		19	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contr	ibution	Amount
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contr	ibution	Amount
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contr	ibution	Amount
		-	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contr	ibution	Amount
The state of the s	Document of in this contra		- Industrial
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contr	ibution	Amount
ruii Name, Address, Oily, State and Zip Gode of Payee	Description of III-Kind Conti	ibation	Amount
Full Name Address City Class and Tip Code of Davis	Description of In Kind Contr	(h a)	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contri	bution	Amount
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contri	bution	Amount
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contri	bution	Amount
TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Total of (Carry forward to item 3. of next page if additional pages of		e is the last page	-0-
of in-kind contributions, this amount must be shown in item	22.b. of summary page.)	s is the last page	

SS-1128 (Rev. 1/94) RDA 1159

Page 5 of 10

1-1	I HOURITISIN	1 229.51
ChattANOOGA IN 37403	MATERIAZ	07.01
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount
Full Name, Address, City, State and Zip Code of Payee BAILON FACTORY 4415 BIAINERE Rd.	01-01-1	
4415 Brainere Rd.	AduERTISIN	9 172.34
ChAHA, TW 37411	AduERtisiN, MATERIAL	112.57
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount
5. TOTAL ITEMIZED CAMPAIGN EXPENDITURES (Total Carry forward to item 3. of next page if additional pages of campaign expenditures,this amount must be shown in	s of this form are used. If this is the la	ast page 4400,35
S-1129 (Rev. 1/94) DA 1159	Pi	age 6 of 10

ITEMIZED STATEMENT OF CAMPAIGN EX	PENDITUR
OMMITTEE TO ELECT GWEN TISWELL	2. REPOR
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0	if first page)

ITEMIZED STATEMENT OF C	AMPAIGN EXP	ENDITURES	-CANDIDATE
A PANE OF CANDIDATE OF COMMITTEE			OVERING THE PERIOD
COMMITTEE TO ELECT GWEN	Tixusell	FROM: 4-24-99	TO: 6-13-94
Committee to Efect Cuch i	· DWELT	THOM: / or / //	Amount > 3
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRE		irst page)	4400,35
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CAMP			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, Only, State and Esp Sode of Fayor	T diposo of Enportation		741104111
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
· ·, ·, ·, ·, ·, ·			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Durance of Francistics		
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount

5. TOTAL ITEMIZED CAMPAIGN EXPENDITURES (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of campaign expenditures, this amount must be shown in item 19b. of summary page.)

SS-1129 (Rev. 1/94) RDA 1159

Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount
5. TOTAL ITEMIZED OTHER EXPENDITURES (Total of Carry forward to item 3. of next page if additional page of other expenditures, this amount must be shown in ite	s of this form are used. If this is the I	last page
S-1130 (Rev. 1/94) RDA 1159	F	Page 8 of 10



ITEMIZED STATEMENT OF OBLIGATIONS—CANDIDATE

				EDIAD
NAME OF CANDIDATE OR COMMITTEE OMM 144EE TO ELECT GWEN TIDWELL		2. REPORT COVERING PERIOD FROM: 4-2 4-94 TO: 6-13-94		
COMMITTEE TO ELECT OWE	ED OBLIGATION	FROM: 4-2 /-	94 10:6-	5-74
COMPLETE ITEMS 3—7 FOR EACH ITEMIZ 3. Full Name, Address, City, State and Zip Code of	4. Outstanding	5. Amount of	6. Payment	7. Outstanding
Creditor	Balance at Be-	Debt Incurred	This	Balance at End
+ - 111 - 1	ginning of Period	This Period	Period	Of Period
POBOX 23682				
PABAX 23682				
00 1/2/ 1 / 2011	,			
ChATTANOOGA, TN. 37422	1/			
Printing Campaign Materia	,dann		4	\$901 41
PRINTING CAMPAIGN / HACK	1/18640		A 100	100.70
/ / /	'			
Description of Obligation			100000000000000000000000000000000000000	
000,000000 1,09000000 00000000 000 000 000				
Description of Obligation	THE STATE OF THE STATE OF			
•				
Description of Obligation				
Description of Obligation				
Description of Obligation				
		British Co.		
Description of Obligation				
Description of Obligation		Na September 1		
TOTALS (Items 4—7)				
(Total of item 7 must be shown in item 24b.				
of summary page.)	986.40			986.40
or sammary pagery	106,10			100.10

SS-1127 (Rev. 1/94) RDA 1159 Page 9 of /0



ITEMIZED STATEMENT OF LOANS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	_	2. REPO	RT COVERING PE	RIOD
(BRANGHEE to Elect GREN liowell		FROM: 4-24-94 TO: 6-13-94		
COMPLETE ITEMS 3—7 FOR EACH ITEMIZ	EDIOAN	PHOM. 1 &T	77 110. 67	
2 Full Name Address City State and 7in Code of	A Outstanding	5. Amount of	6 Payment	7 Outstanding
Full Name, Address, City, State and Zip Code of Creditor	4. Outstanding Balance at Be- ginning of Period	Debt Incurred	6. Payment This	7. Outstanding Balance at End
9(5) 5.53837	ginning of Period	This Period	Period	Of Period
			1	
	-			
	1			
TOTALS (Items 4—7)				
(Total of item 7 must be shown in item				
23. of summary page.)	-	_		
	0-			

SS-1132 (Rev. 1/94)

Page 10 of 10